

**COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF FORENSIC SCIENCE  
TECHNICAL REVIEW FORM**

Review Month/Year: \_\_\_\_\_ Examiner reviewed: \_\_\_\_\_ FS LAB #: \_\_\_\_\_

**YES NO**

**REPORT**

- |    |                          |                          |  |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Is the report's format and wording in accordance with Department & Section guidelines? (QM 12.2) |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Has the reviewer completed and documented the administrative review? (QM 14.1)                   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Have all of the examinations requested in the RFLE been addressed?                               |

**EXAMINATION DOCUMENTATION**

- |     |                          |                          |   |
|-----|--------------------------|--------------------------|---|
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Are packaging descriptions and conditions properly documented? (QM 13.8.6)  |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Are case items properly designated? (QM 13.3)   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the evidence properly described? (QM 13.4)   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the examination documentation neat and of sufficient detail? (QM 13.8)   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Do the FS Lab # and examiner's handwritten initials appear on each page? (QM 13.8.1)                                  |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Are the notes and any corrections recorded iaw Department policy? (QM 13.8.3)   |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Are Section-required interactions with others documented, i.e. verification, 2 <sup>nd</sup> sizing, etc? (QM 13.8.5) |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Are the applicable work sheets properly utilized iaw Section protocols?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Have appropriate photographs/negatives/digital images been prepared, labeled and included? (QM 13.8.8-9)              |

**FINDINGS & CONCLUSIONS**

iaw Section protocols

- |     |                          |                          |   |
|-----|--------------------------|--------------------------|---|
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Have appropriate tests been performed?  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are the appropriate additional samples requested?                                   |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Are results/conclusions fully supported by the examination documentation? (QM 13.8) |

**REVIEWER'S COMMENTS**

(All questions above marked NO will be explained)

**CORRECTIVE ACTION**

(Each reviewer's comment must be addressed)

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Reviewer signature/date \_\_\_\_\_

Examiner signature/date \_\_\_\_\_